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GENIOUS, a non-interventional under standard practice study examined and evaluated the efficacy and safety of ziprasidone in 963 schizophrenia patients from 43 Greek centers.

Ziprasidone was administered orally (p.o.) and/or intramuscularly (i.m.). The oral doses ranged from 40 to 320 mg per day and in the majority of patients were between 80 and 160 mg. The efficacy of ziprasidone was measured using selected parts of the Positive and Negative Syndrome Scale (PANSS), the Calgary Depression Scale (CDSS) and the Clinical Global Impression-Improvement Scale (CGI-I). The evaluation of safety was carried out by measuring the mean change in weight from baseline until end of treatment and by recording all other adverse events.

A mean improvement of 5.8 points was observed in the positive subscale of PANSS (95% CI = -6.10 to -5.43). In the negative subscale, 53.3% of the patients showed improvement in blunted affect, 58.8% in poor rapport, and 59.4% in difficulty in abstract thinking. A significant improvement was also observed in CDSS (-1.4 points, 95% CI = -1.5 to -1.2) with 40.3% of the patients showing remission of depression. Overall, a responder rate of 85.3% was observed for the CGI scale. Discontinuation of treatment due to adverse events was recorded in only 5.7% of the patients. However, only 4.2% were attributed to ziprasidone. No weight gain was observed.

The administration of ziprasidone constitutes a safe and effective therapeutic choice for the treatment of the positive and negative symptoms in Greek patients with schizophrenia.

P0164

Negative symptoms precede the onset of first episode psychosis in a prospective general population sample of adolescents

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Background and Aims: There are lacking prospective studies in general population of adolescents about symptoms predicting the onset of first episode psychosis.

Methods: Members (N= 9,215) of the Northern Finland 1986 Birth Cohort, an unselected general population cohort, were invited to participate in a field survey during 2001, at ages of 15-16 years. The study included a 21-item PROD-screen questionnaire screening prodromal symptoms for psychosis for last six months (Heinimaa et al. 2003). PROD-screen included nine questions for positive and five questions for negative features. The Finnish Hospital Discharge Register was used to find out new cases of hospital treated mental disorders during 2002-2005.

Results: Of the subjects 17 (0.3%) were treated due to first episode psychosis and 95 (1.5%) due to non-psychotic disorder during the follow-up period. Positive symptoms did not associate with the onset of psychosis, but negative symptoms did. 94% of subjects who got psychosis reported negative symptoms. Respective figure for those who were treated for non-psychotic disorder was 48%, and for those 'healthy' without psychiatric hospital treatment 46% (Fisher's exact test: psychosis vs. healthy $p<0.001$, psychosis vs. non-psychosis $p<0.001$, and non-psychosis vs. healthy $p=0.61$).

Conclusions: This study may be the only one exploring prospectively in general population features predicting onset of first episode psychosis. The findings emphasize the importance of negative symptoms in the development of neuropsychiatric disorder of first episode psychosis (Weinberger 1995).

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P0165

EEG abnormalities and three year outcome in first episode psychosis

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Objectives: This study assesses the relationship of EEG to several aspects of 3 year symptomatic and functional outcome in first episode psychosis.

Method: One hundred and seventeen patients with first episode psychosis had their baseline EEG classified by modified Mayo Clinic criteria as normal, essentially normal or dysrhythmia. Sociodemographic variables, duration of illness and of untreated psychosis and premorbid adjustment were also recorded. Positive and negative symptoms of psychoses, depression, anxiety and global functioning were rated on entry and after three years of treatment.

Results: Patients with a dysrhythmic EEG at entry into treatment showed significantly greater persistence in both positive and negative symptoms of psychoses as well as anxiety and depression over three years. These findings were independent of duration of untreated illness or premorbid adjustment.

Conclusion: An abnormal baseline EEG in patients with first episode psychosis is associated with a poorer symptomatic outcome at three year follow-up.

Keywords: first episode psychosis, EEG, outcome, schizophrenia, DUP

P0166

Psychotic disorder in a 60-year-old woman diagnosed with uterine cervical cancer: A case report

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We report a case of psychotic disorder in a 60-year-old woman diagnosed with uterine cervical cancer who suddenly refused to continue local cobaltotherapy and was twice admitted to a psychiatric hospital